

STATE OF NEW HAMPSHIRE
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT

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GAMES OF CHANCE FINANCIAL REPORT

This financial report must be filed with the Department of the Attorney General, Charitable Trusts Unit, **and the appropriate police chief** within 15 days after expiration of your license. If your license covers more than 5 events, please make as many copies of this form as necessary to prepare an accurate report. Add attached pages as necessary. Please mail completed report to: Department of Justice, Office of the Attorney General, Charitable Trusts Unit, 33 Capitol Street, Concord, New Hampshire 03301-6397 **and the police chief**.

(1) Name and address of charitable organization:

(2) Report of Revenue and Expenses:

DATES:

Revenue

\$_____ \$_____ \$_____ \$_____ \$_____

Expenses:

Amount of Prizes Awarded: \$_____ \$_____ \$_____ \$_____ \$_____

Supplies \$_____ \$_____ \$_____ \$_____ \$_____

Telephone \$_____ \$_____ \$_____ \$_____ \$_____

Postage \$_____ \$_____ \$_____ \$_____ \$_____

Occupancy/rent \$_____ \$_____ \$_____ \$_____ \$_____

Equipment rental and maintenance \$_____ \$_____ \$_____ \$_____ \$_____

Printing and publications \$_____ \$_____ \$_____ \$_____ \$_____

Other expenses \$_____ \$_____ \$_____ \$_____ \$_____
(**itemize** on separate schedule and attach)

Total expenses \$_____ \$_____ \$_____ \$_____ \$_____

Balance \$_____ \$_____ \$_____ \$_____ \$_____

(3) Names and Addresses of Members Participating in Events:

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

(4) Name and Address of any Fund Raising Counsel or Paid Solicitor (if none, please indicate by "N/A"):

Date: _____

Signature (For the Charity)

CHARITY/ASSOCIATION ACKNOWLEDGMENT

Personally appeared _____ and took oath or affirmed that the foregoing Financial Report is true and accurate to the best of his/her knowledge and belief. Before me,

_____(seal)

Notary Public

My Commission Expires _____